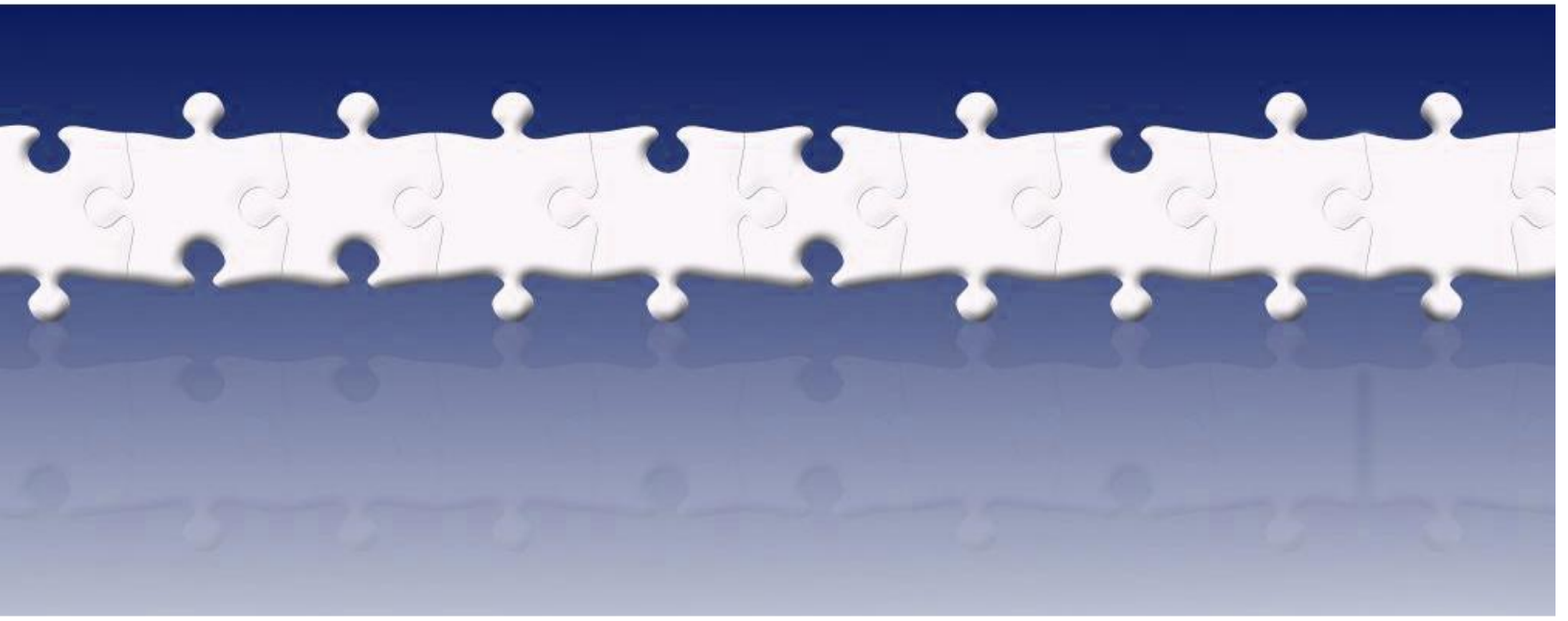
District of Columbia

# Strategic Action Plan to End Homelessness

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# Interagency Council on Homelessness
# Strategic Action Plan to End Homelessness

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## Executive Summary

The District of Columbia has developed the ***Strategic Action Plan on Homelessness*** to outline a set of policies and strategies that will guide the District's activities related to homelessness over the next five years. The District of Columbia is committed to being a national model in its approach to homelessness by preventing homelessness whenever possible and addressing the needs of our homeless neighbors by creating an individualized approach that improves well-being while moving people out of homelessness as rapidly as possible. The intent of the Strategic Action Plan is to provide a vision for the future, to refine the policies of *Homeless No More: A Strategy for Ending Homelessness in Washington, D.C. by 2014,* and to reflect lessons learned and current best practices. The plan reflects the input of a broad group of community stakeholders, each of which will have a role to play in the successful implementation of the Plan.

Further, the Homeless Service Reform Act of 2005 (HSRA) tasked the Interagency Council on Homelessness (ICH) with the responsibility of preparing and publishing a strategic plan for services within the Continuum of Care, at least every five years and developing a work plan annually.[1] This document fulfills those mandates.

In the past five years, much progress has been made in meeting basic needs and ensuring safety by creating shelters for people who are homeless. In the past two years, with the creation of the District's Permanent Supportive Housing Program (PSH), there has also been a significant focus on addressing chronic homelessness. As of January 29, 2010, PSH has provided housing and supportive services to 638 individuals and 78 families who are extremely vulnerable and have experienced long episodes of homelessness. The system redesigns proposed in this plan build on a solid foundation and raises the bar to significantly increase the well-being of our homeless neighbors. The system redesigns also reflect the most current research and national trends in strategies to end homelessness. The District will develop strategies that will allow it to be successful in federal funding competitions and that incorporate HEARTH Act requirements. It will be critical to align all possible resources, including local, federal, and private funds to be successful in achieving the goals.

This document outlines the following three policy objectives:

1. Reduce the overall number of homeless individuals and families.
2. Redesign the Continuum of Care to develop an appropriate mix of services and interim and permanent housing options.
3. Design an evaluation strategy and mechanism to track the District's progress in preventing and reducing homelessness.

This Plan includes ten outcome measures that the District will track to evaluate the extent to which we have been successful in preventing homelessness as well as helping people move out of homelessness more quickly through the implementation of this strategic plan. Finally, this document includes an initial Work Plan which will be updated annually.

[1] Can be located at http://ich.dc.gov/ich/frames.asp?doc=/ich/lib/ich/pdf/hsra.pdf

## Definitions

For the purposes of this document, the following terms are defined.

*Prevention and Diversion* are related to preventing people from becoming homeless by addressing their needs before they have to leave their current housing and/or diverting them as they apply for shelter. People may be able to maintain their current housing if they can get short-term financial assistance or assistance with mediation with landlords or family members. Some may need to relocate to housing that they can afford or maintain on a long-term basis. The goal is to prevent people from entering the shelter system, which can have negative impact on mental health, can be hard to leave, and is often costly.

*Interim Housing* is used as a larger category to define housing that is time-limited. In this area, there are several subsets of housing:

- *Low-barrier shelter* is usually primarily short-term shelter for individuals. Low-barrier shelter is designed to keep people safe, is often open only 12 hours a day, and is often in a congregate setting. This type of program is provided, on a first come, first served basis, to any adult presenting as homeless. It is sometimes also referred to as emergency shelter.

- *Temporary shelter* is also short-term shelter and is open 24 hours a day. Temporary shelter often has more services located on site than in low barrier shelter. This type of shelter applies to both families and individuals. It is sometimes also referred to as emergency shelter.

- *Transitional housing* is longer-term housing, usually for less than two years, that provides intensive support services, geared toward increasing a household's self-sufficiency and helping it move towards permanency, often specializing in particular areas of client needs.

*Affordable Housing* differs from interim housing in that it is not time-limited. It should also be affordable over the long-term. The Homeless No More Plan describes this as "housing, either ownership or rental, for which a household will pay no more than 30% of its gross annual income." There is a large need in the District of Columbia for generally affordable housing for all levels of income. Agencies such as the DC Department of Housing and Community Development are mandated to help produce this type of housing. For purposes of this plan, the focus, however, is on housing that meets the need of people who have such low incomes that they are vulnerable to becoming homeless. In the larger category of permanent affordable housing, therefore, the focus is on the following two subsets:

- *Permanent supportive housing* is long-term, permanent housing for people with disabilities that also comes with long-term supportive services. Permanent supportive housing can either be scattered sites, based at a single site or at multiple sites. In either case, clients have leases in their own names.

- *Permanent housing* is long-term housing where people can stay as long as they wish and which they can afford. There may or may not be short-term supportive services, depending on the need of the individual or family. For purposes of this plan, the focus is on for people with incomes who are eligible for public benefits, usually from 0 to 200% of the federal poverty level, or who are vulnerable to becoming homeless, from about 200% to 300% of the federal poverty level.

## Opportunity of the Present

Rarely in the past decade has there been an opportunity like the present for setting a framework and implementing a redesigned continuum of service to address homelessness in the District of Columbia.

- Mayor Adrian Fenty is committed to fulfilling the Homeless No More Plan's call for 2,500 units of permanent supportive housing for the neediest and most long-term homeless individuals in the District.

- D.C. Department of Human Services (DHS) has taken the lead in setting the direction in which the District's current homeless system will move, and will coordinate the participation of public mainstream agencies and their services.

- The Interagency Council on Homelessness (ICH), representing District public agencies, homeless services providers, individuals who are homeless and advocates, has been activated and has been involved in examining the issues of redesign and right-sizing of the District's homeless services system. The presence of identified leadership and the existence of a forum for coordination, ideas exchange and accountability, as embodied in DHS and ICH, will enable the transformation of the District's approach to homelessness.

- New federal resources are available under the American Recovery and Reinvestment Act (ARRA) for the prevention of homelessness and for helping people move out of homelessness quickly. Most recently, the District has received $7.5 million in funds through the Homelessness Prevention and Rapid Re-Housing Program (HPRP). Under this Presidential Administration, the US Department of Housing and Urban Development is continuing its trend of putting more funds into prevention and rapid re-housing.

- President Obama has expressed his commitment to supporting programs in the District of Columbia, his new home city. $17 million has been allocated to provide additional permanent supportive housing for approximately 150 homeless families and 350 homeless individuals. The District has committed to sustaining this funding in future years as part of its local budget. Another $10 million is pending in the federal FY2011 budget, which would be targeted for the production of permanent housing.

- The increased demand for services during an economic recession also reinforces the need to have an effective, streamlined system. The great demand for services, particularly for families, has forced the District to look at how to use resources more effectively and to

have more targeted programs to meet needs. Any new or re-allocated resources must be used strategically as part of the larger system of care, targeting the right resources to meet the right need. For example, HPRP funds are only for short-term assistance to individuals and families. Permanent Supportive Housing funding through HUD must be used for people with disabilities who need long-term support.

- There also continues to be opportunities and challenges related to the realities of the District's location within the larger metropolitan region. It will be important to develop relationships and strategies within the region that ensure that people do not simply move back and forth across state lines but that they find supportive communities where they and their families can find jobs and affordable housing.

## Progress in the Past Five Years

It has been five years since the Homeless No More plan was articulated. The three objectives outlined in the Homeless No More10 year plan were the following:

- Increase homelessness prevention efforts within local and federal government.
- Develop and/or subsidize at least 6,000 net additional units of affordable, supportive, permanent housing to meet the needs of the city's homeless and other very low-income persons at risk.
- Provide wraparound mainstream supportive services fully coordinated with Continuum of Care programs and special needs housing.

In some areas, there has been much progress, but there continues to be work to be done. Research since 2005 has also suggested different strategies to prevent and end homelessness. This section will highlight some of the progress made in the past five years in light of the Homeless No More plan.

- The number of people who are literally homeless has fluctuated over the past five years, but generally stayed at about the same levels, as shown below.

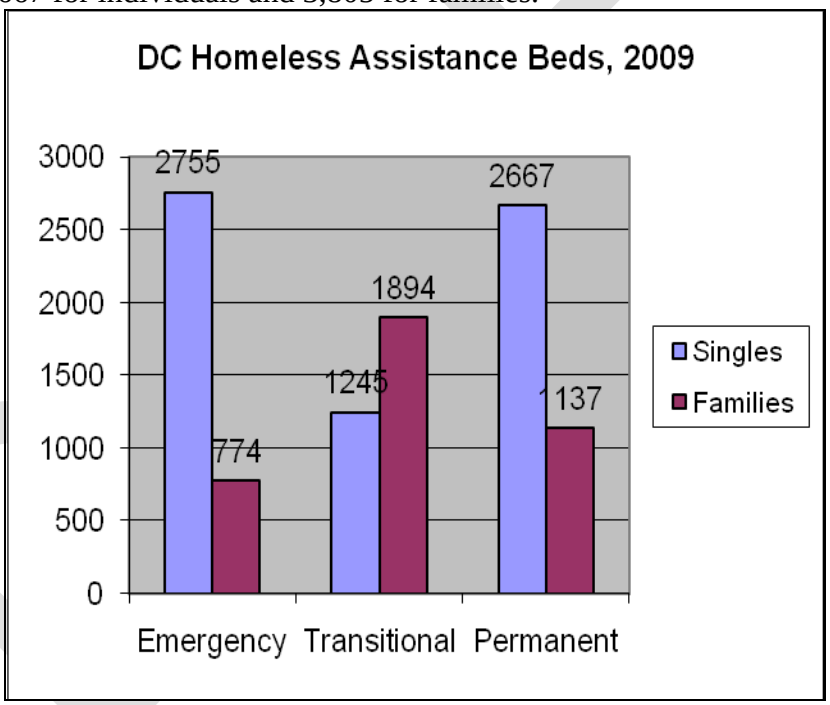
**Table 1. Literally Homeless, Washington, D.C., 2004- 2009**

| | | Unsheltered or Living in Emergency or Transitional Housing | | |
|---|---|---|---|---|
| | | Individuals | Persons in Families | All |
| District of Columbia | 2009 | 3,934 | 2,294 | 6,228 |
| | 2008 | 4,207 | 1,836 | 6,044 |
| | 2007 | 3,717 | 2,040 | 5,757 |
| | 2006 | 4,112 | 2,045 | 6,157 |
| | 2005 | 3,794 | 2,232 | 6,026 |
| | 2004 | 3,605 | 2,223 | 5,828 |

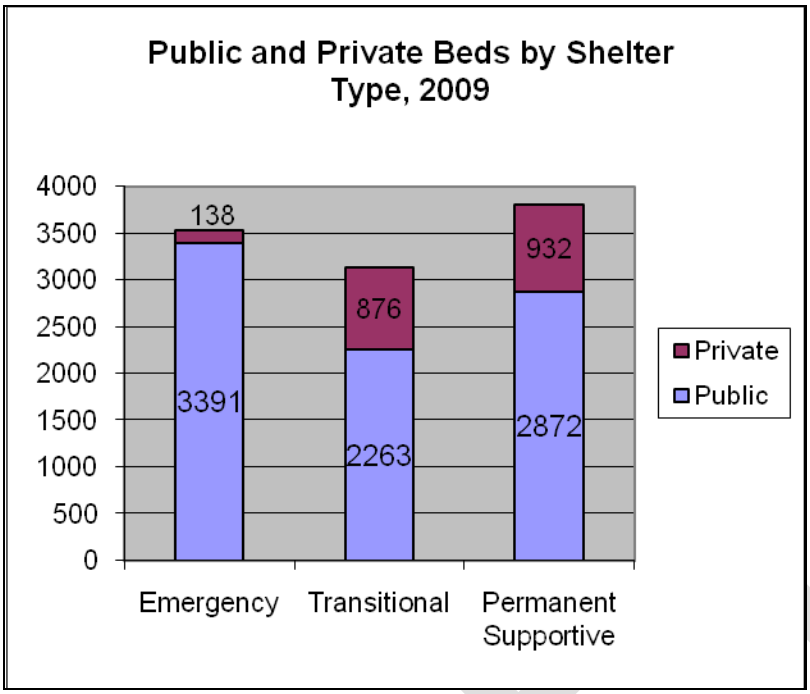
- Finding affordable housing in the District of Columbia is a difficult task, especially for vulnerable populations. Fair market rent in the Washington metropolitan area has grown

by 51.2% between 2000 and 2009.[i] Based on 2007 data for the District, 74% of extremely low income renters (making from 0 to 30% of area median income) and very low income renters (from 30% to 50% of area median income) were spending more than 50% of their income on housing costs.[ii] HUD recommends that renters should spend no more than 30% of their income on housing.

- Historically, the majority of beds in the D.C. continuum of care were focused on providing emergency shelter. In 1994, 80% of all publicly-supported beds were emergency 12 or 24-hour beds. Since 1994, the District has been shifting the focus of public funds from emergency shelter to transitional and permanent supportive housing. In 2007, the District closed DC Village and launched the System Transformation Initiative to place homeless families in their own apartments on a transitional basis, for two years. However, the city is still committed to providing emergency shelter beds, especially for single adults, to meet the needs of people who are homeless, particularly in hypothermia season. The charts below show the number and relative proportions of beds for emergency, transitional, and permanent supportive housing for singles and families in 2009. Note that the number of beds for families reflects individual people, not family units. The total number of beds funded with local dollars in 2009 was 6,667 for individuals and 3,805 for families.




- There are also a significant number of privately funded beds available in each category. The data below shows the total combined number of beds, including both local DC and private funding. Note that the chart below combines beds for both individuals and families.




- In April 2008, the District committed to creating a total of 2,240 net new units of permanent supportive housing by 2014. This included 1,835 units for individuals (a combination of efficiencies, studio and one-bedroom units) and 405 units for families (a combination of two-bedroom and three-bedroom units). The *Permanent Supportive Housing for the Chronically Homeless in the District of Columbia: Unit Generation Report* ("the Report") outlines the production schedule as well as the strategies the District will employ in creating PSH capacity. The Report recommended generating 65% of the units through scattered site/leasing and 35% through rehabilitation and new construction of units. While the District has been very successful in creating scattered site/leased housing, it recognizes the importance of generating new units through production as well. Advantages of newly constructed and rehabilitated developments include, but are not limited to, the following:

    - *Consumer Choice:* There is a large range of populations that can be supported through permanent supportive housing including individuals and families with dual diagnoses, HIV/AIDS, mental illness, and substance abuse. Such a large range in the population requires consumer choice in housing options to meet not only the consumer preferences and empowerment but the consumer recovery goals as well. Consequently, some consumers may prefer a single site option versus scattered site or clustered units in the community, depending on their specific circumstances and recovery plan.

    - *Designated Units:* New production creates the existence of units with long term use agreements that ensure the dedication of the units for the targeted population for up to 40 years, depending on the financing. Such dedication of the units provides a significant stability element in the District's supportive housing program and affordable housing stream.

- *Designated Design:* New construction/substantial rehabilitation offers the opportunity to develop units with well-chosen design features and materials that can help achieve diverse objectives for the designated population. This can include the design of the living environment, choice of materials, common spaces to encourage community and safety/security issues including security design to protect tenants from physical and emotional harm, and fire risks.

- *Stabilized Neighborhoods:* Well managed single-site and integrated permanent supportive housing developments can help stabilize a neighborhood. Studies show that property values increase with the development of successful permanent supportive housing developments.

Below is a recap of the units that the Report recommends be created each year and units achieved to date.

| **RECOMMENDED in Report** | **Target: PSH Unit Production by Year**[iii] **NOTE: 0 Bedroom units are for individuals; 3 Bedroom units are for families.** | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2008** | | **2009** | | **2010** | | **2011** | | **2012** | | **2013** | | **2014** | |
| | 0 BR | 3 BR | 0 BR | 3 BR | 0 BR | 3 BR | 0 BR | 3 BR | 0 BR | 3 BR | 0 BR | 3 BR | 0 BR | 3 BR |
| New Construction/ Renovated Units | 20 | 43 | 160 | 40 | 100 | 20 | 80 | 20 | 65 | 25 | 80 | 20 | 80 | 20 |
| Scattered Site/ Leased Units | 350 | 20 | 240 | 40 | 155 | 40 | 140 | 40 | 135 | 25 | 120 | 25 | 110 | 27 |
| **TOTAL UNITS TO BE GENERATED**: | 370 | 63 | 400 | 80 | 255 | 60 | 220 | 60 | 200 | 50 | 200 | 45 | 190 | 47 |

Based on data collected from the DC Housing Authority, the Department of Mental Health, the Department of Housing and Community Development, and the Department of Human Services, the following units have been generated in the last two years. **NOTE: WAITING FOR FINAL NUMBERS TO INPUT.**

| **RESULTS TO DATE** | **2008** | | **2009** | | **2010** | | **2011** | |
|---|---|---|---|---|---|---|---|---|
| | 0 BR Indiv. units | 3 BR Family units | 0 BR Indiv. units | 3 BR Family units | 0 BR Indiv. units | 3 BR Family units | 0 BR Indiv. units | 3 BR Family units |
| New Construction/Renovated Units | | | | | | | | |
| Scattered Site/Leased Units | | | | | | | | |
| **TOTAL UNITS GENERATED**: | | | | | | | | |
| **Actual Versus Plan** | | | | | | | | |

- Through the innovative Permanent Support Housing Program (PSH), as of January 29, 2010, DHS had placed 638 individuals and 78 families into permanent supportive housing, using a vulnerability index to prioritize those most in need of long-term subsidies and support. This includes 25 elderly and 53 veterans. **At the end of the first 18 months, 95% are still stably housed.**

## Vision and Goals for the Next Five Years

Mayor Adrian Fenty and the community are committed to achieving the following three goals in the next five years, each of which has three key initiatives.

1. Reduce the overall number of individuals and families who are homeless, including significant efforts at prevention and rapid re-housing.

    1.1. End homelessness for those already homeless, as quickly as possible, and assure that people remain housed.
    1.2. Prevent homelessness for as many people as possible who are at imminent risk, and assure that people remain housed.
    1.3. Improve the odds that people can remain housed by increasing income and other resources, through employment or benefits receipt.

2. Redesign the Continuum of Care to develop an appropriate mix of services, interim housing, and permanent housing options in order to help people move out of homelessness as rapidly as possible.

    1.1. Ensure there is sufficient low-barrier shelter to keep people safe.
    1.2. Ensure that there are sufficient, appropriate interim housing options (temporary and transitional) that address specific needs.
    1.3. Develop and/or subsidize units to reach the goal of at least 2,500 units of permanent supportive housing.

3. Develop a mechanism and an evaluation strategy to track the District's progress in preventing and reducing homelessness.

        3.1. Develop benchmarks for key client outcomes based on national data and data from local providers.
        3.2. Develop a system of performance-based contracts that rewards providers for successful outcomes and ensures accountability.
        3.3. Track and analyze outcomes annually to assess improvement, areas of needed resources, areas for better interagency coordination, etc.

Annual Work Plans will lay out concrete steps to be taken annually, given budget realities and changing circumstances, to meet these key initiatives. The outcomes identified in this document are also tied to ensuring that these goals and initiatives are achieved.

## Redesign of Systems Of Care for Families and Individuals

In order to achieve the goals identified above, DHS proposes to redesign the basic systems of care for both families and individuals. In both system redesigns, there will be an increased emphasis on both prevention and diversion to stop people from becoming homeless, as well as on creating permanent housing solutions to help people exit from homelessness as quickly as possible. At the same time, all programs will focus on the particular strengths and needs of individuals, which will require strong assessment procedures, qualified and compassionate staffing, and some flexibility. In neither system is a family or individual required to go through various "steps", but they can move based on their needs and vulnerabilities.

The redesigns identified here will require some culture change, such that the least amount of intervention is used in order to prevent homelessness or to move people out of homelessness as quickly as possible. A key to success will also be in assessing an individual's or family's needs and then targeting the right resources and services to meet those needs. An increasingly centralized system, with a comprehensive data system covering most beds and units, will also allow the city to better track how the system is working and target resources appropriately while still being flexible enough to meet people's needs.

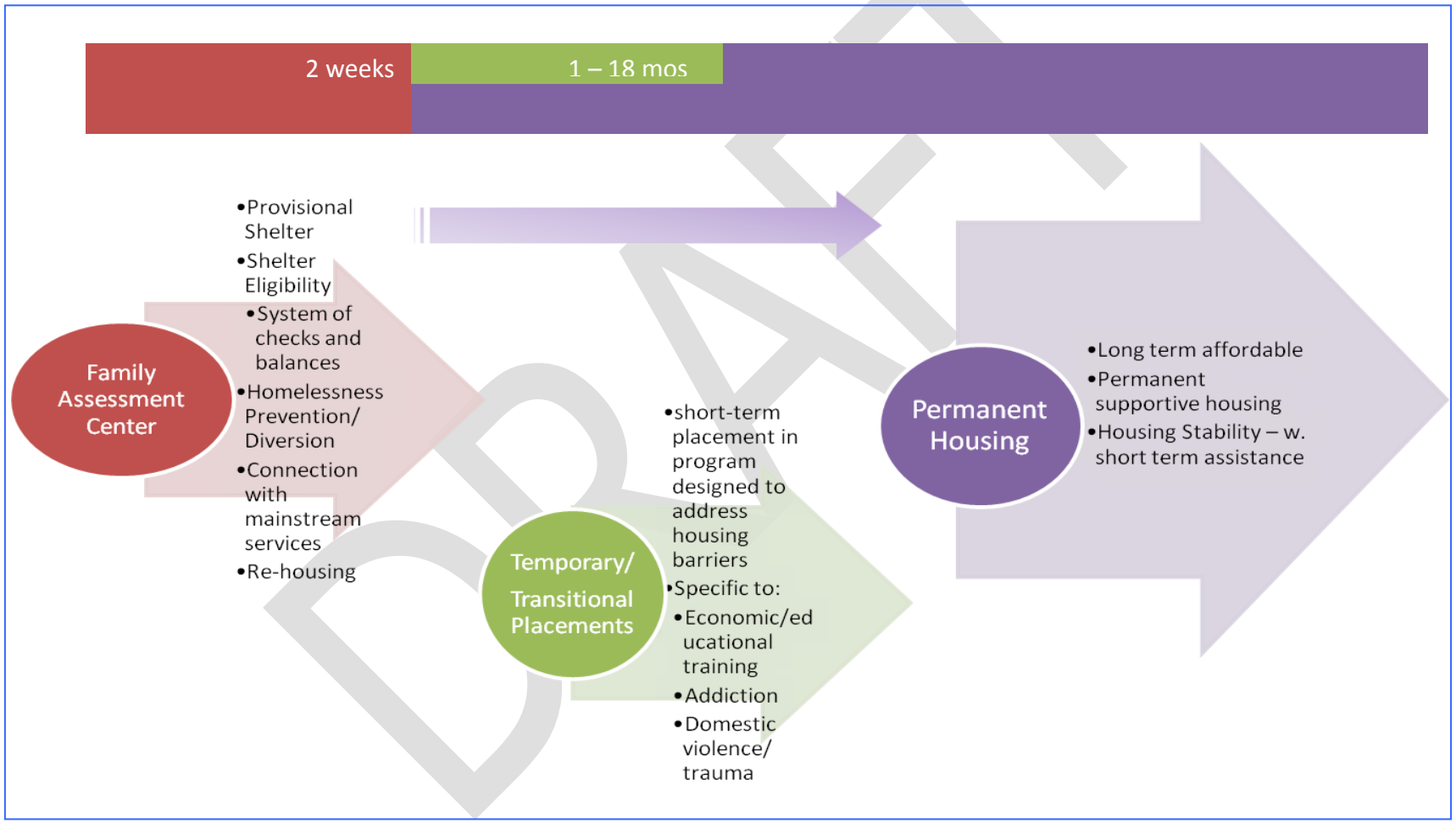
The goals for these redesigns include providing enhanced services, increased accountability, and a focus on prevention and permanent housing.

### *System of Care for Families*

In the current system, the Virginia Williams Resource Center (VWRC) serves as a centralized intake center for families who are seeking shelter. VWRC does prevention and diversion when possible and as funds allow. Families needing emergency shelter currently go to DC General, which is a communal living situation. When space becomes available at temporary shelters, a family relocates there, where the family has its own apartment and more intensive services. Some families go to transitional housing. Many families, however, find it difficult to leave the shelters on their own and are waiting for Housing Choice Vouchers. The result is that the system is often full and it is difficult for families to exit.

The diagram below graphically describes the proposed redesign of the family system. It is important to note that families do not need to move from one "step" to another, but will receive the appropriate level of services based on strong assessment at a resource center. The system will need to rely on data in order to ensure that the appropriate amounts of housing are available in each area and that services meet the needs of families. The goal is to prevent families from being homeless, and, if they are homeless, help them return to stable, safe, permanent housing as quickly as possible.

# ReDesigned System of Care for Families



Key components include the following:

- *A robust family assessment center.* In a to-be-determined location, the family assessment center will be more robust, with many mainstream services co-located on site and with a strong assessment component. There will also be more emphasis on diversion whether through mediation with families or landlords, along with short-term prevention assistance through programs such as the Emergency Rental Assistance Program (ERAP) or the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

- *Provisional shelter on-site with assessment center.* In this new model, there would be provisional housing available on-site at the family assessment center where families could stay while they are being assessed and eligibility is determined. Stay in the provisional housing would be limited to about two weeks, during which time staff could work to identify other placements and verify eligibility. There will be clearer standards around assessment and eligibility that will guide families and staff. Eligible families could then go directly to permanent housing or permanent supportive housing, without having to stay in temporary or transitional housing. Other families may want or need additional support.

- *Interim housing (temporary and transitional housing).* Temporary and transitional housing would be more specialized to meet client needs, with specialized staff. For example, areas of specialization may include substance abuse treatment, trauma or mental health support, domestic violence, or job training/employment focus. Temporary and transitional housing would be short-term but would be based on family needs versus the program. The time-frame may be anywhere from one month to 18 months. There will need to be a transition period between the current system, where much of the interim housing is generalized, to the proposed system, which has more specialized programs.

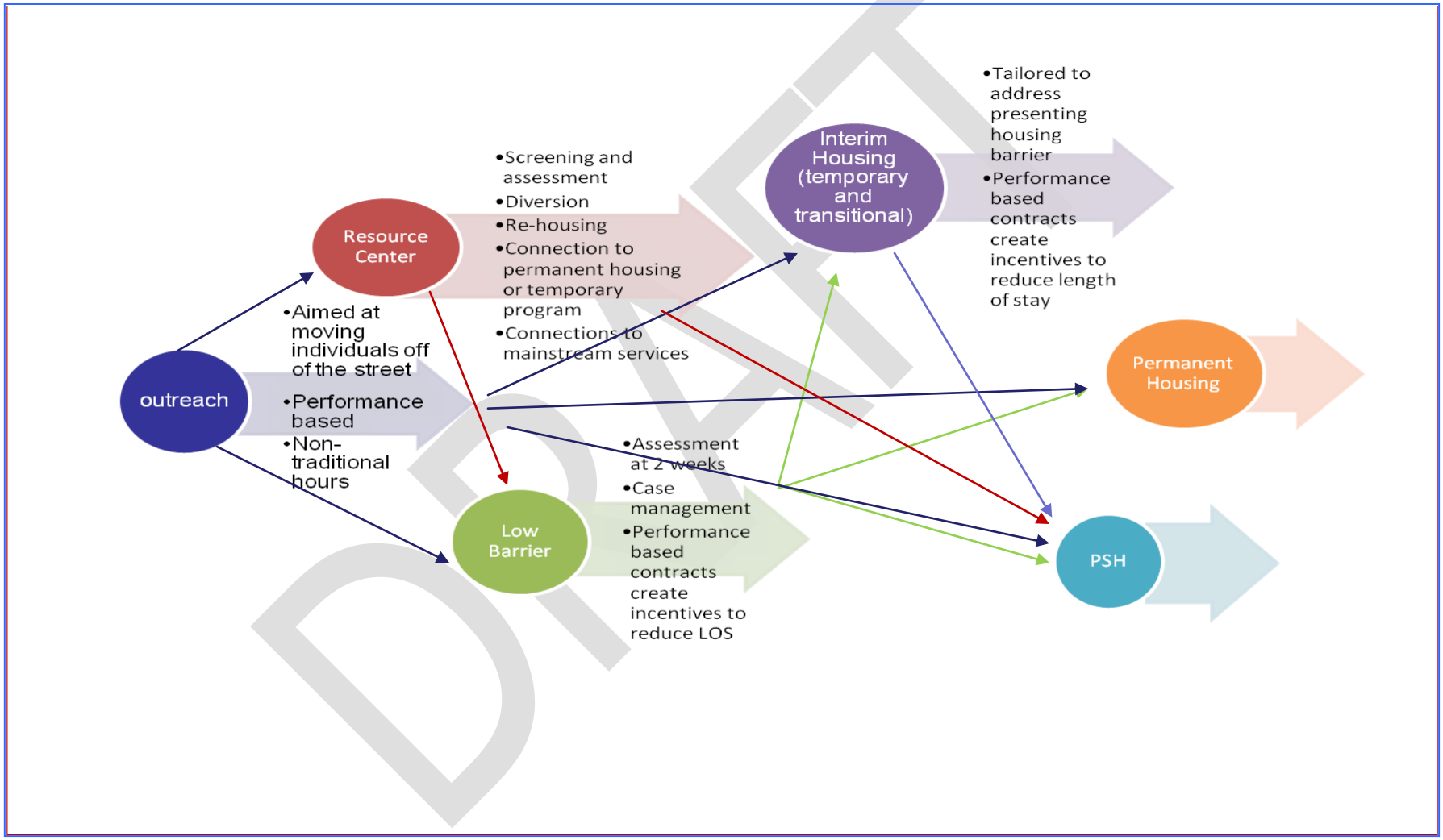
- *A focus on permanent housing.* This housing could be subsidized, unsubsidized, with family members, permanent supportive housing, or housing with short-term assistance. It is well documented that families and children do best with stability, so the sooner that families can get into their own apartments, whether with subsidies or not, the better that children will fare. Success in creating more affordable housing units, therefore, will be critical to the success of this system redesign.

## *System of Care for Individuals*

In the current system, individuals may access any shelter on their own, without going through an intake center. There are many low-barrier shelters that often just provide overnight shelter to keep people safe. Case management and support services are limited, and people must leave the shelters first thing in the morning.

The diagram on the next page illustrates the proposed new system. As with the family system, it will be important to use data and assessments to ensure that resources are targeted appropriately and that people receive the services that best match their strengths and needs. Individuals do not need to move from one step to another, but, as shown by the arrows, can move as appropriate to help them exit homelessness to stable, safe housing as quickly as possible.

## ReDesigned System of Care for Individuals



Key components of the redesign include the following:

- *Optional resource center for intake.* As with the family system, but instead on an optional basis, there would be a resource center that would help assess individuals' needs and connect them with needed resources in the community. Individuals would not be required to come to the resource center before entering shelter, but they would be encouraged to. The resource center could also then assist with diverting people from shelter and preventing homelessness, whether through mediation with family members or landlords, or short-term financial assistance. Unlike in the family system, there will not be any provisional shelter co-located on-site. Resource center staff would be responsible for assessing individuals and referring them to programs that can meet their needs. This resource center would also serve various sub-populations including unaccompanied youth, the elderly, veterans, and people living with various health conditions. The location for this resource center has yet to be determined but should be in a highly accessible, central location. The resource center would also need to have non-traditional hours.

- *Transition to less low-barrier shelters and more service-enriched temporary and transitional programs.* The current system relies on a large number of low-barrier shelters. In this model, the number of low-barrier beds would decrease, though some would still remain to meet basic needs of safety. For clients that remain in low-barrier shelters longer than a few weeks, staff at the resource center would come to visit them and do assessments and referrals. Approximately 60% of all beds would be service-enriched, more specialized programs. These programs would be open 24 hours per day Mainstream services would be tied in more closely and co-located on site. While the costs for this new system will be higher in the short-term, there will be long-term savings as people become re-housed more quickly. A transition plan will also be in place to ensure that low barrier beds are not reduced too quickly before service-enriched programs are available.

- *Increased emphasis on permanent housing and permanent supportive housing.* The emphasis will be on opportunities to prevent people from becoming homeless and help them move out more quickly, either with subsidized or unsubsidized housing options, and which may or may not include long-term support services, depending on need.

- *Role of outreach.* Outreach current focuses on building relationships and keeping people safe, which has successfully minimized the loss of life, especially in hypothermia weather. In this model, building upon current strengths, the goal of outreach would also be to help people move off the streets and into the appropriate housing. Outreach would still be geographically focused with efforts targeted to reduce street homelessness in each provider's area. Staff would also work more non-traditional hours when people who sleep outside are generally there and will be flexible to respond to emergency situations. For example, outreach would go out before a big storm to alert people that it was coming and encourage them to come to a

safe, secure location. Outreach workers could refer people to any part of the larger system, whether it is the resource center, low-barrier shelter, temporary housing, or long-term permanent housing. People should not have to live on the streets but should have options that work for them.

## *Changes in Contracting*

In these new systems, DHS proposes to take a larger role in oversight by directly contracting with providers in several key areas, rather than delegating contracting authority to an intermediary organization. Key areas include resource centers, outreach, prevention, and permanent supportive housing.

In order to create incentives for providers to adjust to these changing systems, DHS also proposes to use a performance-based contracting method, drawing upon experience from other jurisdictions in the design of these contracts.

The change to performance based contracting will require a paradigm shift such that everyone's focus will be on helping people move out of homelessness into affordable, safe housing as quickly as possible. Positive movement by clients will result in financial incentives for providers. Performance based contracting will also enhance accountability.

## *Subpopulations*

The resource centers for both families and individuals with stronger assessment will enable the city to better meet the needs of various subpopulations, including unaccompanied youth, veterans, elderly, victims of domestic violence, LGBT, or people with mental illness. For example, understanding that someone is a veteran would make them eligible for Veterans Administration vouchers and other specific programs. Having more targeted interim housing options will also enable the city to leverage resources from various agencies such as the Addiction Prevention and Recovery Administration (APRA), the Department of Mental Health (DMH), the Office on Aging, or the Department of Health (DOH).

## Critical Success Factors

In order for these redesigned systems to be successful in meeting client needs, three factors are critical and need to be tracked regularly.

1. *Supply of permanent housing and permanent supportive housing* – In both systems of care, it is critical that families and individuals have permanent housing to move into. Success will rely both on creating rental subsidies as well as producing units that are affordable. The Permanent Supportive Housing Program Unit Generation Report recommended a mix of approximately 65% scattered site/leased units and 35% newly constructed and/or renovated units. Key partners include the DC Department of Housing and Community Development (DHCD), the Housing Authority (DCHA), and the D.C. Housing Finance Agency. The Department of Mental Health has also made funds available to DHCD, as well as the Office of Aging. Strategies to ensure the supply will include:

    - Continue to develop memorandums of understanding between District agencies to provide frameworks for production.
    - DHCD should continue to monitor and report on funding for housing that meets the needs of this population, using existing key performance indicators and HUD's Consolidated Annual Plan Evaluation Report (CAPER) process.
    - Build upon a pilot Consolidated Request for Proposal process to help projects reach completion more quickly.
    - Work closely with DCHA and HUD to make sure housing vouchers are available for people who are homeless.
    - Collaborate with the Office of the Deputy Mayor for Planning and Economic Development (DMPED) to ensure the inclusion of a substantial number of extremely affordable and accessible housing units in the development at the Walter Reed Army Base.
    - Ensure coordination and collaboration between all relevant agencies. Examples include DHCD and DCHA continuing to work together on each others review boards, having regular conversations, and coordinating efforts with DHS, DMH, Office on Aging and DOH. The ICH can also play a role in ensuring that there is communication in these areas.

In order to monitor progress in this area, the ICH will create a Permanent Supportive Housing Production Committee to include representatives of both public and private service and housing agencies that will report at least annually and preferably quarterly to the ICH on progress made. Tasks will include developing an annual strategy to include recommended set-aside resources for production, developing a consolidated application process and monitoring progress on past consolidated applications awarded, and monitoring PSH production accomplishments. The committee should review information on what is in the DHCD pipeline for approved and pending projects as well track the

Local Rent Supplement Program under the DC Housing Authority, both of which will be critical to ensure sufficient permanent supportive housing and permanent housing units.

2. *Financial resources available and strategically leveraged* – Redesigning these systems will require the District to leverage funding in the local budget, from federal funding opportunities, and from private philanthropy. Some local resources will need to be re-allocated. The District will also be aggressive in applying for HUD funding and other federal funding for subpopulations. It appears that additional funding will be available for housing vouchers through HUD. DC will also make it a priority to incorporate HEARTH Act requirements into its activities. The District also has a wide range of private funders that are invested in ending homelessness and would like to create structures that would encourage partnership as well as an alignment of goals and outcomes.

In order to monitor progress in this area and per the HSRA, District agencies will report annually on their budgets at ICH meetings. ICH will also convene a subcommittee to work on creating funding vehicles for a public-private partnership and to encourage investment by private philanthropy.

3. *Track outcomes regularly* – As the systems are redesigned, it will be critical to monitor progress and, if something is not working, to make adjustments. A long-term data collection strategy will need to be developed. Key areas to look at will include the number of people prevented from becoming homeless as well as the length of stay in various parts of the system. Mechanisms need to be in place to ensure that everyone is tracking the same data and a software system where data can be easily collected and evaluated. There also needs to be a universal assessment strategy and instrument that enables the system to capture necessary data. Performance based contracting will require setting baseline numbers as well as appropriate benchmarks and targets.

In order to monitor progress in this area, a subcommittee of the ICH, in conjunction with DHS, will continue to work both on the mechanisms to track data, as well as on compiling and reporting out on outcomes for the city at least annually.

## Outcomes

In order to track the effective use of resources, the District is proposing to track the outcomes identified below to ensure effective, quality services for clients. For each area, it will be important to identify baseline numbers so that progress can be measured, as well as benchmarks that are appropriate for various types of programs and clients. As discussed in Critical Success Factors above, it is critical that data collection and evaluation systems are in place for impact of the proposed redesigns to be measured. Note that nine of these goals measure how well the system of care helps those who interact with it. That last goal is more system focused, to analyze the effectiveness of interventions in reducing the cost burden on the public and emergency service systems.

This Plan envisions that these goals will be monitored and reported on to the Interagency Council on Homelessness at least annually, but preferably quarterly. Significant improvements in outcomes will take time, but data will allow all stakeholders to be on top of trends, things that are working, and areas for improvement.

| Goal | Measure | Relevant Components/ Partners | Comments |
|---|---|---|---|
| **1. Reduce length of homelessness for families and individuals.** | % of families/individuals placed in permanent housing within 30/60/90 days | Prevention, temporary housing, low barrier programs | • Over time, the proportion returning to housing within 30 days should increase.<br>• Pertinent only to households remaining in shelter at least 14 days.<br>• Standard-setting for components requires benchmarking.<br>• Providers will need training and resources. |
| **2. Reduce return to homelessness.** | % of families/individuals returning to homelessness within 6/12/18/24 months of program **exit** | Interim housing, permanent housing, permanent supportive housing | • Over time, the percentage in shorter time frames should shrink and percentage in longer time frames should increase.<br>• Needs better data system to track, including openness/sharing. |

| Goal | Measure | Relevant Components/ Partners | Comments |
|---|---|---|---|
| **3. Increase income from employment.** | % of families/individuals who increase income from employment between program entry and exit | Prevention, interim housing, permanent supportive housing<br><br>**Partners:** Dept of Employment Services (DOES), employment assistance providers | • Put DOES terminals and staff in Resource Centers, shelters.<br>• Need to assess for employment and track employment in system.<br>• Could also do over time after program exit; requires follow-up survey. |
| **4. Increase income and supports from public benefits and services.** | % of **eligible** families/individuals who gain access to benefits/services between program entry and exit | Prevention, interim housing, permanent supportive housing<br><br>**Partners:** DHS, DMH, DOH, Social Security Administration, Veterans Administration, DC Housing Authority | • Includes cash, in-kind, health, and behavioral health benefits/services.<br>• Ultimate goal is financial independence for those who can. Benefits receipt would be for as long as is needed, reducing dependence over time.<br>• Could also do over time after program exit; would require follow-up survey. |
| **5. Prevent homelessness following institutional exit or release.** | % of **relevant** exiters going to stable housing with appropriate supports | Prevention and Diversion, permanent supportive housing<br><br>**Partners:** Dept. of Corrections (DOC), DMH, APRA, and possibly also private Emergency Rooms, hospitals, primary health care centers | • This is the single most effective step a system can take for *preventing* chronic homelessness.<br>• Mental health, corrections, child welfare, substance abuse, hospitals/primary health care would each need to look to their own systems, and change to be able to identify formerly and/or imminently homeless clients.<br>• Would require significant new structures and data collection. Would also require extensive outreach and training efforts.<br>• Start with one agency, possibly DOC, which is already working to improve discharge for those with disabilities. |

| Goal | Measure | Relevant Components/ Partners | Comments |
|---|---|---|---|
| **6. Reduce individuals/ families that become homeless through eviction or ejection.** | % avoiding eviction/ejection after receiving mediation, rent/utility assistance, family/friend negotiation, etc., within 6/12/18/24 months after assistance ends | Diversion, prevention | • Over time, percentage in shorter time frames should shrink and percentage in longer time frames should increase.<br>• Needs better data system to track, including openness and sharing of data. |
| **7. Reduce second prevention requests.** | % returning for assistance within 6/12/18/24 months after assistance ends | Diversion, prevention | Over time, percentage in shorter time frames should shrink and percentage in longer time frames should increase. |
| **8. Increase stability in permanent housing.** | % placed in PH/PSH who remain 6/12/18/24 months | Permanent housing, permanent supportive housing | Length of stay should increase over time. Should still track and report as continuing success if a person leaves for more independent or more appropriate housing that is stable. |
| **9. Tenants experience improved quality of life.** | Improvements on Quality of Life scale | Permanent housing, permanent supportive housing | Would require new data collection. Could also compare situation before homelessness, while in program, and after. |
| **10. Reduce cost burden on DC's public and emergency service systems.** | Change in average cost to "system X" or "all crisis public systems" from 1 or 2 years before housing placement to 1 or 2 years after | Permanent housing, permanent supportive housing | Would require new data collection, cross-system records matching. |

# FY 2010/ 2011 Annual Work Plan

The Work Plan is intended to be updated annually as a way to be accountable to the general public and stay on track with key action items. It does not include detailed levels of activities but should provide guidance on key tasks that need to happen to accomplish the goals.

| Actions | Time Frame FY | People Responsible | Cost ($, $$, $$$, $$$$$$) | Funding Status – available, partly available, need to find |
|---|---|---|---|---|
| Issue RFP for redesign of system, including main contractor and DHS subcontractors for various parts. | April 2010 | DHS | $$$$$$ | Partial funding identified, additional TANF revenues are expected to be drawn down from ARRA and TANF Emergency Contingency Fund (ECF) program. |
| Develop benchmarks for outcomes measures. | April 2010 | DHS, providers, TCP | | |
| Create ways to track outcomes in HMIS, OCTO. | Oct 2010 | DHS, TCP | $ | HMIS needs to be updated to allow DHS direct access and for providers to see necessary client data. |
| Implement additional PSH services with federal funds. | Contract modifications and new procurement in Spring 2010, start housing in March 2010. | DHS | $17 million | Available |
| Work with DOH and DMH to bring mainstream resources into homeless services programs | July 2010 | DHS/ ICH | | Implementation 10/10 |
| Continue to meet HUD requirements addressing special needs housing embodied in DHCD's Consolidated Plan and Action Plan processes. | Ongoing | DHCD | | |
| Fully implement HPRP. | 2010/2011 | DHCD/ DHS | $7.5 million | Available |

| Actions | Time Frame FY | People Responsible | Cost ($, $$, $$$, $$$$$$) | Funding Status – available, partly available, need to find |
|---|---|---|---|---|
| Apply for additional HUD funding for HPRP and PSH. | Summer 2010 | TCP | ? | Need to apply. |
| Establish Family Resource Center with provisional shelter on-site. | Oct. 2010 | DHS | $$ | Partial funding identified, additional TANF revenues are expected to be drawn down from ARRA and TANF Emergency Contingency Fund (ECF) program. |
| Establish Individual Resource Center. | Oct. 2010 | DHS | $$$ | Partially reallocated from existing funding, additional funding to be identified. |

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## Citations and Other Resources

[i] National Low Income Housing Coalition, Congressional District Profile, April 2009. http://www.nlihc.org/doc/cdpDC.pdf, (accessed February 27, 2010).

[ii] National Low Income Housing Coalition, Congressional District Profile, April 2009. http://www.nlihc.org/doc/cdpDC.pdf, (accessed February 27, 2010).

[iii] Excerpt from *Permanent Supportive Housing for the Chronically Homeless in the District of Columbia: Unit Generation Program Report,* Corporation for Supportive Housing, March 2008.

**Other Resources**

*Homeless No More: A Strategy for Ending Homelessness in Washington, DC by 2014,* December 2004. http://www.ich.gov/slocal/plans/washingtondc.pdf

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